# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J LIST OF ATTACHMENTS

I. Attachments to be included as part of the contract:

Attachment	<u>Description</u>	Number of Pages
J-1	Statement of Work	3
J-2	DOE Form 1332.1 Reporting Requirements	1
J-3	Billing Instructions.	2
J-4	List of Applicable Directives	2
II. Attachments	to be included as part of the solicitation:	
Attachment	Description	Number of Pages
J-5	Sample Task Plans	8
J-6	Standard Form 1034-Public Voucher for Purchases Services Other Than Personal	
J-7	Sample Proposal Volume Title Page	1
J-8	Past Performance Questionnaire	3
J-9	Past Performance Information Sheet	2
J-10	Notice of Intent to Propose	1
J-11	Standard Form 328- Certificate Pertaining to Forei Interests	•

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# PART III-LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-1 STATEMENT OF WORK

This scope of work describes the requirements for Technical Surveillance Countermeasures (TSCM) services for the National Nuclear Security Administration Nevada Operations Office (NNSA/NV). The contractor shall furnish all necessary personnel and services needed for, or incidental to, performing the required activities. The mission of the TSCM contractor is to perform surveys of NNSA/NV facilities in accordance with DOE orders specific to TSCM. These services include but are not limited to TSCM Surveys, TSCM Inspections, TSCM Monitors, TSCM Special Activities, TSCM Advice and Assistance, and TSCM Briefings. These services are defined in the Technical Surveillance Countermeasures Procedural Manual dated October 1994.

TSCM services for inspections and surveys shall be performed by a minimum of a two-person team, in which one of the TSCM members must be a DOE Certified TSCM Specialist. All other TSCM activities must be performed by a DOE certified TSCM Specialist. TSCM services are required at regular intervals at NNSA/NV facilities such as vaults, vault-type rooms, sensitive compartmented information facilities, special access program facilities, and other areas deemed necessary by the NNSA/NV TSCM Operations Manager (TSCMOM). TSCM services are also required for new construction facilities or when modifications are made to existing facilities. In addition to services at NNSA/NV facilities, the TSCM team may be required to support other DOE and/or NNSA facilities as directed by the TSCMOM.

TSCM work will primarily be performed at the locations listed below. However, other locations for services may arise. The NNSA/NV TSCMOM will provide information relating to additional sites as necessary. Primary work locations are: NNSA/NV, Las Vegas, NV; Nevada Test Site, Mercury, NV; Remote Sensing Laboratory - West, Las Vegas, NV; NNSA/NV Contractor facilities, Las Vegas, NV; Remote Sensing Laboratory - East, Andrews Air Force Base, MD; Special Technologies Laboratory, Santa Barbara, CA, and other DOE and/or NNSA facilities.

NNSA/NV will provide technical hardware, software, and equipment required to accomplish TSCM tasking.

The contractor shall provide TSCM support for tasks indicated below and as assigned by the NNSA/NV TSCM Operations Manager (TSCMOM) or designated alternate.

a. Provide on-call support for NNSA/NV TSCM survey requirements. The on-call support shall be available to respond to NNSA/NV sites within 72 hours of the notification of a survey requirement.

DOE F 1332.1# (04-89) All other editions obsolete

# U.S. DEPARTMENT OF ENERGY REPORTING REQUIREMENTS CHECKLIST

PROGRAM/PROJECT TITLE		2. IDENTIFICATION NUMBER			
Technical Security Countermeasures		08-02-NV14328.000			
3. PARTICIPANT NAME AND ADDRESS					
4 DI ANNING AND DEPORTING REQUIREMENTS					
4. PLANNING AND REPORTING REQUIREMENTS					
A. General Management	Frequency	E. Financial Incentives			
	rioquonoy	L. Financial incentives	Frequency		
Management Plan	İ	Statement of Income and Expense			
Status Report	}				
Summary Report		Balance Sheet	] ]		
		Cash Flow Statement	1.		
B. Schedule/Labor Cost		Statement of Changes in Financial Position			
<b>[7] 1</b> (1)					
X Milestone Schedule/Plan	Y	Loan Drawdown Report			
Labor Plan		Operating Budget			
Facilities Capital Cost of Money Factors Computation		Supplementary Information	]		
Contract Facilities Capital and Costs of Money  Cost Plan			1		
X Milestone Schedule/Status		F. Technical	]		
Labor Management R eport	М	Nation of Farming PROP Review	ļ		
X Cost Management Report	М	Notice of Energy RD&D Project (Required with any of the following)			
C. Exception Reports		X Technical Progress Report	. м		
Conference Record		Draft for Review	1		
Hot Line Report		Final for Approv al			
D. Performance Measurement			1		
2. 1 Chomance Measurement		X Topical Report	Α .		
Management Control System Description		X Final Technical Report	F		
WBS Dictionary	:	Deaft for Basiless			
		Draft for Review Final for Approval	l		
Index		That for Approval			
Element Definition		Software			
		Other (Specify)			
Cost Performance Reports			ļ		
Format 1 – WBS					
Format 2 – Function					
Format 3 – Baseline					
5. FREQUENCY CODES					
	nthly	S – Semi-Annually			
F First 1 cm a	ce After Award	X - With Proposal/Bid/Application or with Significan	t Changes		
a = aa	arterry	Y - Yearly or Upon Renewal of Contractual Agreeme	int		
6. SPECIAL INSTRUCTIONS (ATTACHMENTS)	<del></del>				
Report Distribution List/Addressees		Anakada Thur e ee	i		
Reporting Elements		Analysis Thresholds Work Prophetous Structure			
X Due Dates		Work Breakdown Structure Other	i		
7. PREPARED BY (SIGNATURE AND DATE)			-		
		8. REVIEW BY (SIGNATURE AND DATE)			
Ricky L. Honaker					

## REPORTING REQUIREMENTS CHECKLIST

### **PURPOSE**

The checklist identifies and communicates additional reporting requirements which are not otherwise set forth in DOE contractual agreement. It will be included as part of the contractual agreements. The checklist will be completed for each contract or financial incentives agreement. If necessary, special instructions may be appended to modify the checklist to adapt it to specific situation.

## **INSTRUCTIONS**

- Item 1. Enter the title of the project as indicated in the procurement request, contract, interagency agreement, initiating memorandum, or official award, as appropriate.
- Item 2. Enter the identification number of the procurement request, contract award, or financial incentives agreement, as appropriate.
- Item 3. Enter the name and address of the participant.
- Item 4. Check spaces to indicate plans and reports selected. For each reporting requirement selected, indicate the frequency of delivery using one of the frequency codes from Item 5. The addressees to whom reports will be sent and the total number of copies required will be referenced in an attached coded distribution list.
- Note: Frequency codes represent specific reporting frequencies for each selected report. The frequencies are recommended in the solicitation and negotiated prior to award. The number of copies required and the addressees are similarly finalized prior to award.
- Item 5. This item lists the possible frequency codes to be applied in the selection of reporting requirements.
- Item 6. Attach special instructions as necessary. Check the appropriate box(es).
- Signature of person preparing checklist and the date prepared.
- Item 8. Signature of person reviewing the checklist and date reviewed.

# Reporting Requirements Checklist Attachment (1)

Document	Description	Delivery Frequency
TSCM Survey Reports	Details of activities conducted for each TSCM survey	15 days After Completion of Survey
TSCM Meeting Minutes	Minutes documenting discussions at any TSCM meeting	15 days After Completion of Meeting
TSCM Quarterly Equipment Status Reports	Report detailing status of TSCM equipment during the previous quarter	Quarterly submitted on 15 Jan, 15 Apr, 15 Jul and 15 Oct for previous quarter
Monthly Status Reports	Report of TSCM activities for each month	Monthly – delivery by 20 <sup>th</sup> of each month
TSCM Survey Schedule	Planning schedule for known TSCM services for the coming year	30 days After contract award and annually thereafter
TSCM Annual Activity Report	Summary of TSCM activities, TSCM technician status, training, and equipment status for the previous year	13 months after contract award and annually thereafter
Funding Status Reports	Report on status of contract year-to-date funding	45 days after contract award and monthly thereafter
Material Purchase Receipts	Documentation on purchase of materials in support of TSCM services	30 days After purchase of materials

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-3 BILLING INSTRUCTIONS

## 1. Introduction

These instructions are provided for use by the Contractor in the preparation and submission of vouchers requesting reimbursement for work performance under the contract. Compliance with these instructions will reduce correspondence and other causes for delay and will promote prompt payments to the Contractor.

# 2. Electronic Payments

The National Nuclear Security Administration Albuquerque Operations Office (NNSA/AL) is the cognizant office for submission of invoices and issuing of payments. The National Nuclear Security Administration Nevada Operations Office (NNSA/NV) is the cognizant office for accumulating costs incurred and ensuring a sound contract cost record. Payments will be made through the Automated Clearing House (ACH) electronic payment system. In lieu of receiving payment by check, payments shall be sent via ACH and automatically credited to the designated account at the designated financial institution. The Contractor shall complete Standard Form 3881 – ACH Vendor/Miscellaneous Payment Enrollment Form, prior to receiving any payments under this contract.

### 3. Voucher Form

In requesting reimbursements, the Contractor shall use Standard Form 1034, entitled "Public Voucher for Purchases and Services Other than Personal," Attachment J-6, or other format which provides substantially the same information as found on the SF 1034. A computerized version of the Standard Form 1034 may be used.

## 4. Billing Period

A voucher shall be submitted no more frequently than twice monthly (unless prior written consent of the Contracting Officer for more frequent billing is obtained).

## 5. Submission

- (a) The Contractor is encouraged to use regular mail in lieu of express mail methods to promote cost effectiveness.
- (b) To be considered a proper invoice, the invoice (or voucher) must include the following:
  - Name of the company and invoice date
  - Delivery Order Number
  - Billing period
- (c) Distribution of the original invoice and copies shall be made as described below. Failure to comply with the invoice mailing instructions will result in delayed payments.

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-3 BILLING INSTRUCTIONS

 One original of each voucher/billing, SF 1034, or other format which provides substantially the same information as found on the SF 1034, shall be submitted to:

National Nuclear Security Administration Albuquerque Operations Office (NNSA/AL) ATTN: AFSC/VGST P.O. Box 5087 Kirtland AFB Albuquerque, NM 87185-5087

 One copy of the SF 1034, or other format which provides substantially the same information as found on the SF 1034, shall be mailed to the cognizant contract specialist:

National Nuclear Security Administration Nevada Operations Office (NNSA/NV) Contracts and Property Management Division P.O. Box 98518 Las Vegas, NV 89193-8518 ATTN: Tammie L. Henderson

The NNSA/NV Contracts and Property Management Division will review the invoice and, if acceptable, provide approval for payment to NNSA/AL. The payment will be processed by NNSA/AL. The NNSA/NV Contracts Management Division will resolve issues regarding invoices unacceptable for payment in coordination with the vendor.

IF A COPY OF THE VENDOR'S INVOICE IS NOT SUBMITTED TO THE CONTRACTS MANAGEMENT DIVISION, THE INVOICE WILL NOT BE PROCESSED FOR PAYMENT.

6. Preparation of Standard Form 1034

Vouchers shall be sequentially numbered. Each voucher shall be assigned a non-repeating number. Should a voucher be returned for corrections, the revised voucher shall receive the same number and shall include the suffix "R."

- Enter date the voucher was prepared.
- Enter the Delivery Order Number and effective date of the contract.
- Enter the Contractor's name and mailing address and telephone number of the office which payment is to be sent. This information must be consistent with the information included in the contract.

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-3 BILLING INSTRUCTIONS

- Enter the billing period.
- Enter the description of service.
- Enter the dollar amount of the current voucher/billing.
- Enter the total amount billed to date.

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-4 LIST OF APPLICABLE DIRECTIVES

Key:	O=Order	M= Manual	N= Notice	G=Guide	NV= Nevada Operations Office
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Directive No.	Subject/Title of Directive Flor	wdown to Subcontractor (Y=Yes; N=No)
O 200.1	Information Management Program	N
M 200.1-1	Telecommunication Security Manual	Y
G 200.1-1	Implementation Guide for Records Management	N
N 205.1	Unclassified Cyber Security	Y
N 221.6	Reporting Fraud, Waste, and Abuse	N
O 230.XA	DOE/NV Lessons Learned Program	N
O 231.1	Environment, Safety and Health Reporting	N
O 232.1A	Occurrence Reporting and Processing of Operation	ons N
M 232.1-1A	Occurrence Reporting and Processing of Operation	ons N
P 241.1	DOE Nevada Operations Office Internet Policy	Y
O 414.1	Quality Assurance	Y
O 440.1A	Worker Protection Management for DOE Federal Contractor Employees	l and
P 450.4	Safety Management System Policy	
O 451.1B	NEPA Compliance Program	Y
O 470.1	Safeguards and Security Program	. <b>Y</b>
O 471.1A	Identification and Protection of Unclassified Con Nuclear Information	trolled Y
O 471.2A	Information Security Program	Y
N 471.2	Extension of DOE O 471.2A Information Security	y Program Y

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-4 LIST OF APPLICABLE DIRECTIVES

Key:	O=Order	14- 14	Nt. Nt. 41	A A	
nev.	U=Urder	M= Manual	NE NATICA		NV= Nevada Operations Office
	<u> </u>	ivi ividiladi	14-11000	O-Guide	11 V - 116 Valua Oberations Cilice

Directive No.		o Subcontractor Yes; N=No)
M 471.2-1C	Classified Matter Protection and Control Manual	Y
M 471.2-2	Classified Information Systems Security Manual	Y
O 471.3	Reporting Incidents of Security Concern	Y
O 472.1B	Personnel Security Activities	Y
M 472.1-1A	Personnel Security Program Manual	Y
M 475.1-1A	Identifying Classified Information	Y
G 1324.5B	Implementation Guide for Records Management	N
G 1340.1B	Management of Public Communications Publications and Scientific, Technical, and Engineering Publications	d Y
O 1450.4	Consensual Listening in to or Recording Telephone/ Radio Conversations Inspector General	Y
O 1500.2A	Government Travel Policy and Procedures	N
O 2320.1C	Cooperation with the Office of Inspector General	N
O 5632.1C	Protection and Control of Safeguards & Security Interests	s Y
M 5632.1C-1	Manual for Protection and Control of Safeguards and Security Interests	Y
	DOE Technical Surveillance Countermeasures Procedura Manual dated October 1994 (classified)	l Y

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-5 SAMPLE TASK PLANS

Work Effort: Location: Labor:	TSCM Survey Santa Barbara, California 2-person team (one person must be TSCM certified) 40 hours per week, Monday through Friday, over a one-week period (80 hours total)						
LABOR (Ins	sert Labor Ca	ategories	and Fixed	Unit Prices into Se	ection B, Clause		
1 TSCM Sup	oport	Qty	Unit	Fixed Unit Price	Total Amount		
1A1B1CTOTAL LAB	OR:	80	_ Hrs _ Hrs _ Hrs		\$\$ \$\$ \$		
COST REIM	BURSABLE	ITEMS	(Travel, sh	ipping, etc):			
Provide itemiz	zed travel expo	enses to i	nclude: air	fare, per diem, renta	l vehicles, shipping		
TRAVEL: As required to pe			ill be given	at least 14-day noti	ice prior to being		
the Nevada Suback to the NS equipment bac propose how to location. The	upport Facility SF upon comp ck to the NSF they intend to equipment we in If the equip	(NSF) in letion. It upon con transport eighs 120 ment is b	n North Las is acceptab inpletion of the TSCM lbs when p	Vegas, Nevada, to a le for the contractor the work effort. The equipment to and fr	e contractor shall om the work her that is 5' long x 3'		
Cost Category	\$ \$ \$ \$	ınt		·			
	_ \$		_				

TOTAL:

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J

# ATTACHMENT J-5 SAMPLE TASK PLANS

Work Effort:	TSCM Survey
Location:	Washington DC

Labor: 2-person team (one person must be TSCM certified)

40 hours per week, Monday through Friday, over a one-week period (80

hours total)

# LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):

1 TSCM Support	Qty	Unit	Fixed Unit Price	Total Amount
1A		Hrs		\$
1B		- Hrs		\$
1C		Hrs	****	\$
TOTAL:	80	_		\$

# COST REIMBURSABLE ITEMS (Travel, shipping, etc):

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

<u>TRAVEL</u>: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount	
	\$	
	\$	
	\$	_
	\$	_
	\$	_
	\$	_
TOTAL:	\$	_

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J

# ATTACHMENT J-5 SAMPLE TASK PLANS

Work Effort: TSCM Survey
Location: Las Vegas, Nevada

Labor: 2-person team (one person must be TSCM certified)

40 hours per week, Monday through Friday, over a one-week period (80

hours total)

# LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):

1 TSCM Support	Qty	Unit	Fixed Unit Price	Total Amount
1A		Hrs		\$
1B		Hrs		\$
1C		- Hrs		\$
TOTAL:	80	<del>-</del>		\$

# **COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

<u>TRAVEL</u>: Assume the contractor will be given at least 14-day notice prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-5

		SAIV	IPLE IAS	N PLANS	
Work Effort: Location: Labor:	2-person t	bara, Califo eam (one po er week, M	erson must l	oe TSCM certified) igh Friday, over a o	ne-week period (80
LABOR (Ins	sert Labor	Categories	and Fixed	Unit Prices into Se	ection B, Clause
1 TSCM Sup	pport	Qty	Unit	Fixed Unit Price	Total Amount
1A1B1CTOTAL:		80	Hrs Hrs Hrs		\$ \$ \$
COST REIM	BURSABL	E ITEMS	(Travel, sh	ipping, etc):	
Provide itemiz costs, etc.	zed travel ex	kpenses to in	nclude: airí	are, per diem, rental	l vehicles, shipping
TRAVEL: As required to per	sume the co	ontractor wi	ll be given a	at least 14-day notic	ce prior to being
back to the NS equipment bac propose how the location. The	pport Facili F upon con k to the NS hey intend t equipment of If the equ	ity (NSF) in high pletion. It is upon come transport weighs 120 ipment is be	is acceptable appletion of the TSCM of the the TSCM of the	Vegas, Nevada, to the for the contractor he work effort. The could be and from the could be and from the could be and the could be a set of the could be a se	contractor shall om the work
Cost Category	Am \$	ount			
	\$ \$		<del>-</del>		
	\$ \$		<del>-</del>		
	. *				

TOTAL:

# **DE-RP08-03NV14328**

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-5 SAMPLE TASK PLANS

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J

# ATTACHMENT J-5 SAMPLE TASK PLANS

Work Effort: TSCM Inspection Location: Washington DC

Labor: 2-person team (one person must be TSCM certified)

40 hours per week, Monday through Friday, over a one-week period (80

hours total)

# LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):

1 TSCM Support	Qty	Unit	Fixed Unit Price	Total Amount
1A		Hrs		\$
1B		Hrs		\$
1C		Hrs		\$
TOTAL:	80	<del></del>		\$

# COST REIMBURSABLE ITEMS (Travel, shipping, etc):

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

<u>TRAVEL</u>: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

EQUIPMENT: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J

# ATTACHMENT J-5 SAMPLE TASK PLANS

Work Effort:	TSCM Inspection
Location:	Las Vegas, Nevada

Labor:

2-person team (one person must be TSCM certified)

40 hours per week, Monday through Friday, over a one-week period (80

hours total)

# LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):

1 TSCM Support	Qty	Unit	Fixed Unit Price	Total Amount
1 <b>A</b>		Hrs		\$
1B		Hrs		\$
1C		Hrs		\$
TOTAL:	80	_		\$

# **COST REIMBURSABLE ITEMS (Travel, shipping, etc):**

Provide itemized travel expenses to include: airfare, per diem, rental vehicles, shipping costs, etc.

<u>TRAVEL</u>: Assume the contractor will be given at least **14-day notice** prior to being required to perform the work effort.

<u>EQUIPMENT</u>: It will be the contractor's responsibility to transport the equipment from the Nevada Support Facility (NSF) in North Las Vegas, Nevada, to the work location and back to the NSF upon completion. It is acceptable for the contractor to ship the equipment back to the NSF upon completion of the work effort. The contractor shall propose how they intend to transport the TSCM equipment to and from the work location. The equipment weighs 120 lbs when packed into a container that is 5' long x 3' wide x 3' high. If the equipment is being shipped, include the proposed method of shipping and estimated cost.

Cost Category	Amount
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-5

# ATTACHMENT J-5 SAMPLE TASK PLANS

Work Effort: TSCM Monitor Location: Las Vegas, Nevada

TOTAL:

Labor: one person (must be TSCM certified)

# LABOR (Insert Labor Categories and Fixed Unit Prices into Section B, Clause B.1):

			Fixed	
1 TSCM Support	Qty	Unit	Unit Price	Total Amount
1A		Hrs		\$
1B		Hrs		\$
1C		- Hrs		\$
TOTAL:	16	_		\$
COST REIMBURS	ARLE ITEMS	(Traval ch	inning stale	
	IDEE II ENIS	(IIavel, Sil	apping, etc).	
Fravel: Provide item etc.	ized travel expe	enses to incl	ude: airfare, per die	m, rental vehicles,
Assume the contractor the work effort.	or will be given	<b>72-hour</b> no	tice prior to being re	quired to perform
Cost Category	Amount			
	\$			
	\$			
	\$	_		
	\$		•	
	\$	<del></del>		

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  OCHTRACT NUMBER AND DATE  PAYEES AND ADDRESS  DATE INVOICE RECEIVED  DISCOUNT TERMS  PAYEES ACCOUNT NUMBER ADDRESS  DISCOUNT TERMS  PAYEES ACCOUNT NUMBER ADDRESS  DISCOUNT TERMS  PAYEES ACCOUNT NUMBER  OCHTRACT NUMBER ADDRESS  DISCOUNT TERMS  PAYEES ACCOUNT NUMBER  OCHTRACT NUMBER  OCHTRACT NUMBER  OCHTRACT NUMBER  OCHTRACT NUMBER AND DATE  DISCOUNT TERMS  PAYEES ACCOUNT NUMBER  OCHTRACT N	Stan Revi Depa 1 TF 1034	dard Form 1034# sed October 1987 irrment of the Treasury M 4-2000 -121					R PURCHASES AI THAN PERSONAL				VOUC	CHER NO.
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DATE INVOICE RECEIVED  DATE INVOICE RECEIVED  DISCOUNT TERMS  PAYEE'S ACCOUNT NUMBER  SHIPPED FROM  TO  WEIGHT  GOVERNMENT BIL NUMBER  OF ORDER  ON SERVICE  Children description, this was pace below)  OR SERVICE  COST  PER  (())  (Payer must NOT use the space below)  TOTAL  PAYMENT  APPROVED FOR  S  EXCHANGE RATE  S  S  EXCHANGE RATE  S  Gignature or initial  (Signature or initial)  Amount wettlet; correct for  PROCRESS  TITLE  (Signature or initial)  Accounting CLASSIFICATION  CHECK NUMBER  ON ACCOUNTING CLASSIFICATION  CHECK NUMBER  ON (Name of bank)						CON	FRACT NUMBER ANI	D DATE		1	PAID	BY
DISCOUNT TERMS  PAYEES ACCOUNT NUMBER  SHIPPED FROM  TO  WEIGHT  GOVERNMENT BIL NUMBER  ARTICLES OR SERVICE AND DATE OF DELIVERY OR SERVICE (Enter description, item number of contact or Pederal supply of COST PER (1)  (Use continuation sheet(s) if necessary)  (Payee must NOT use the space below)  TOTAL  PAYMENT:  PROVED FOR  SCHANGE RATE PROVISIONAL  COMPLETE PROVISIONAL  STILLE AMOUNT  (Signature or initiatis)  Anount verified; correct for PROVINCE  TITLE  (Signature or initiatis)  ACCOUNTING CLASSIFICATION  CHECK NUMBER  ON (Name of bank)						REQU	JISITION NUMBER A	ND DATE				
DISCOUNT TERMS  PAYEES ACCOUNT NUMBER  SHIPPED FROM  TO  WEIGHT  GOVERNMENT BIL NUMBER  ARTICLES OR SERVICE AND DATE OF DELIVERY OR SERVICE (Enter description, item number of contact or Pederal supply of COST PER (1)  (Use continuation sheet(s) if necessary)  (Payee must NOT use the space below)  TOTAL  PAYMENT:  PROVED FOR  SCHANGE RATE PROVISIONAL  COMPLETE PROVISIONAL  STILLE AMOUNT  (Signature or initiatis)  Anount verified; correct for PROVINCE  TITLE  (Signature or initiatis)  ACCOUNTING CLASSIFICATION  CHECK NUMBER  ON (Name of bank)						1		1	<del>-</del>			
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COMPLETE PARTIAL FINAL F				FOR			<del> </del>	DIFFER	ENCES			
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d s	M				DATE		PAYEE <sup>3</sup>					
When stated in foreign currency, insert name of currency.  2ff the shillty to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving		¹When stated in forei	gn currency, in:	sert nar	me of currency.	a only is no	anassany otherwise the an	nroving	PER			
'When stated in foreign currency, insert name of currency. 'If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provide, over his official title.  'When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.		officer will sign in the When a voucher is r name, as well as the	e space provide eceipted in the capacity in whi	e, over to name of ich he s	of the signature of the person, one signature is official title.  If a company or corporation, the name of the signs, must appear. For example: "John Do	e person voe Compa	writing the company or co my, per John Smith, Secre	rporate etary",	TITLE			•

Previous edition usable

WordPerfect/Novell, Inc.

NSN 7540-00-900-2234

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-7 SAMPLE PROPOSAL VOLUME TITLE PAGE

(Sample Proposal Cover Page)

VOLUME II - TECHNICAL AND ORGANIZATION/MANAGEMENT PROPOSALS

Submitted to the NATIONAL NUCLEAR SECURITY ADMINISTRATION NEVADA OPERATIONS OFFICE

In Response to

RFP No. DE-RP08-03NV14328

Ву

(Full Company Name and Address)

The data contained in pagessubmitted in confidence and con used or disclosed only for evalua a result of or in connection with the right to use or disclose the didoes not limit the Government's source, including the proposer.	tains trade se tion purpose the submission ata herein to t	ecrets or p s, provide on of this the extent	oroprietary int ed that this protection technical prot provided in t	ormation; st oposal resul posal. The N he award. T	ts in an award as INSA shall have his restriction
Name Typed:				Date	
Signature:			Title:		
Position and Title of Person Signing Authorized Official:	the Proposal.				
The Arms Official	the Droposal				
	(Telepho	ne Numbe			
Official Contact for Negotiations:	(Name)				
Effective Period of Proposal is 180 of	lays	Yes	No		
Date of Proposal Submission:					
For evaluation purposes by or on be may be evaluated by non-federal em	half of the Nat ployees	ional Nucle Yes _	ear Security Ac	Iministration:	This proposal

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-8 PAST PERFORMANCE QUESTIONNAIRE

Please rate the Offeror as Unsatisfactory, Poor, Fair, Good, Excellent, or Outstanding in the following four (4) areas by putting an X in the appropriate box. Please give a short narrative as to why you chose the adjective you did, especially for those areas rated as Unsatisfactory, Poor, or Fair.

Unsatisfactory--Nonconformance/compromising; Poor--Requires major NNSA assistance or relief to ensure achievement of contract requirements; Fair--Requires minor NNSA assistance or relief to ensure achievement of contract requirements; Good--Does not impact achievement of contract requirements; Excellent-No problems/cost issues/delays; Outstanding-Demonstrated exceptional performance level. Definitions:

If the Scope of Work did not require the performance element or the rating official could not evaluate this element, please note it as such in the comment box.

	Unsatisfactory	Poor	Fair	Good	Excellent	Outstanding
1. Quality of Service						
Comment on the contractor's technical accuracy, appropriateness and thoroughness of analysis, and/or other aspects of deliverable quality.	nd/or other aspects of	deliverable q	luality:			
2. Cost Control						
Comment on the contractor's adherence to established budget, assignment of personnel of appropriate technical expertise, appropriate and efficient use of resources, accurate and complete billing, relationship of negotiated cost to actual cost, and/or other aspects of cost-effectiveness:	riate technical expertis	se, appropria	te and efficient u	ise of resourc	es, accurate and com	olete billing,
3. Timeliness of Performance						
Comment on the contractor's provision of input to initial schedule, timely project startup, adherence to established schedule, identification of potential delays, proposal and execution of measures to avert delay, on-time submittal of deliverables, on-time contract administration, no liquidated damages assessed, and/or other aspects of timeliness:	nce to established scheages assessed, and/or or	dule, identifi	cation of potenti	al delays, pro	posal and execution o	f measures to

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-8 PAST PERFORMANCE QUESTIONNAIRE

	Unsatisfactory	Poor	Fair	Good	Excellent	Outstanding
4. Business Relations						0
Comment on the contractor's responsiveness to Contracting Officer/Document Manager instructions, communication links at project and technical levels, response to work scope changes, response to special requests, ability to address and resolve problems, and/or other aspects of responsiveness:	ructions, communication ess:	links at proje	ct and technica	l levels, respons	se to work scope chan	ges, response to
Overall Rating (Based on detailed evaluation of items 1-4)						
Comments:						
				,		
Contractor (Company/Division):						
Address:	ļ					
City, State:						
Project Manager (Name & Phone:						
Contract No./Task No.(s):	İ					
Type of Award 8 (a) Sealed Bid Negotiated	Competitive	titive	Nonc	Noncompetitive		
Contract Type CPAF CPIF ID/IQ	FFP	FP-IF	0	Other (Specify)		
Type of Work Performed:						
Initial Cost: \$ Total Cost: \$	\$	Task C	Task Orders Issued: \$	€43		

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-8 PAST PERFORMANCE QUESTIONNAIRE

Actual Completion Date:
Planned Completion Date:
Date:

Planned Completion Date:

Contract Start Date:

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-9 PAST PERFORMANCE INFORMATION SHEET

Check one Prime Subcontractor			
NOTE: If the co	mpany has no corporate experience, the cor	mpany may provide information from each individual's eet shall be completed for up to three (3) references for	
	Information Item	Reference No.	
1. Name of C	ontracting Entity/Current Address		
2. Name of C	sustomer/Position/Department		
3. Contract N	lumber		
4. Contract T	уре		
5. Total Cont	ract Value		
6. Brief Desc Scope of V	ription of Work/Relevancy to the Vork in Section C of the Solicitation		
7. Name of C	Contract Administrator/Position		
8. Contract A	Administrator's Telephone Number		
9. Contract A	Administrator's Fax Number		
10. Contract A	Administrator's E-mail Address		
11. Name of 0 Position	Contract Technical Administrator/		
12. Technical Number	Administrator's Telephone		
13. Technical	Administrator's Fax Number		
14. Technical	Administrator's E-mail Address		
15. List of Ma	jor Subcontractors		

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-9 PAST PERFORMANCE INFORMATION SHEET

16.	Specific Performance Information				
		•			
		٠.			
Chec	k The information abov	e is accurate	e, current and	complete.	 ,

(Telephone Number)

# PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS SECTION J ATTACHMENT J-10 NOTICE OF INTENT TO PROPOSE

NOTICE:

The request for this information is for NNSA purposes only. This information will not be loaded into an NNSA Bidder's list. You are still responsible for viewing the Internet site

to view all solicitation notices and amendments.

Please return this notice via facsimile message to: 702-295-5305.

NOTICE	OF	INTENT	TO	<b>PROPOSE</b>
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(Name of Firm)

то:	National Nuclear Security A Nevada Operations Office Contracts & Property Manag P.O. Box 98518 Las Vegas, NV 89193-8518 ATTN: <u>Tammie L. Henders</u>	gement Division	
FROM:	(Name of Offeror)		
	(Organization/Division)		
	(Address)		
	(City, State, ZIP Code)		
	(Telephone Number)	(Fax Number)	(Email Address)
Please be a Security Ad	advised that I plan/do not Iministration in response to Solic	plan, to submit a pro itation No. DE-RP08-01NV	posal to the National Nuclear 13990.
	(Signature)		(Date)
	(Print Name)		
	(Title)		•

### CERTIFICATE PERTAINING TO FOREIGN INTERESTS

(Type or print all answ ers)

PART III - LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS, SECTION J, ATTACHMENT J-11

Form Approved OMB No. 0704-0194 Expires Dec 31, 2000

The public reporting burden for this collection of information is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0194), 1215 Jefferson Davis Highway, Suite 1214, Afrilington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR RESPECTIVE COGNIZANT SECURITY OFFICE.

### **PENALTY NOTICE**

Failure to answer all questions or any misrepresentation (by omission or concealment, or by misleading, false or partial answers) may serve as a basis for denial of clearance for access to classified information. In addition, Title 18, United States Code 1001, makes it a criminal offense, punishable by a maximum of five (5) years imprisonment, \$15,000 fine or both,

knowingly to make a false statement or representation to any Department or Agency of the United States, as to any matter within the jurisdiction of any Department or Agency of the United States. This includes any statement made herein which is knowingly incorrect, incomplete or misleading in any important particular.

### **PROVISIONS**

- This report is authorized by the Secretary of Defense, as Executive Agent for the National Industrial Security Program, pursuant to Executive Order 12829. While you are not required to respond, your eligibility for a facility security clearance cannot be determined if you do not complete this form. The retention of a facility security clearance is contingent upon your compliance with the requirements of DoD 5220.22-M for submission of a revised form as appropriate.
- When this report is submitted in confidence and is so marked, applicable exemptions to the Freedom of Information Act will be invoked to withhold it from public disclosure.
- Complete all questions on this form. Mark "Yes" or "No" for each question. If your answer is "Yes" furnish in full the complete information under "Remarks."

### **QUESTIONS AND ANSWERS**

	GOLDHOMO MID MIGHENO		
		YES	NO
1.	(Answer la. or 1b.)		
	a. (For entities which issue stock): Do any foreign person(s), directly or indirectly, own or have beneficial ownership of 5 percent or more of the outstanding shares of any class of your organization's equity securities?		
	b. (For entities which do not issue stock): Has any foreign person directly or indirectly subscribed 5 percent or m ore of your organization's total capital com mitment?		
2.	Does your organization directly, or indirectly through your subsidiaries and/or affiliates, own 10 percent or m ore of any foreign interest?		
3.	Do any non-U.S. citizens serve as m embers of your organization's board of directors (or sim ilar governing body), officers, executive personnel, general partners, regents, trustees or senior m anagement officials?		
4.	Does any foreign person(s) have the power, direct or indirect, to control the election, appointment, or tenure of members of your organization's board of directors (or similar governing body) or other management positions of your organization, or have the power to control or cause the direction of other decisions or activities of your organization?		
5.	Does your organization have any contracts, agreements, understandings, or arrangements with a foreign person(s)?		
6.	Does your organization, whether as borrower, surety, guarantor or otherwise have any indebtedness, liabilities or obligations to a foreign person(s)?		
7.	During your last fiscal year, did your organization derive:		
	a. 5 percent or more of its total revenues or net income from any single foreign person?		
	b. In the aggregate 30 percent or more of its revenues or net income from foreign persons?		
8.	Is 10 percent or more of any class of your organization's voting securities held in "nominee" shares, in "street names" or in some other method which does not identify the beneficial owner?		
9.	Do any of the members of your organization's board of directors (or similar governing body), officers, executive personnel, general partners, regents, trustees or senior management officials hold any positions with, or serve as consultants for, any foreign person(s)?		
10.	Is there any other factor(s) that indicates or demonstrates a capability on the part of foreign persons to control or influence the operations or management of your organization?		

STANDARD FORM 328 (4/1997) (EG) REPLACES DD FORM 441S WHICH IS OBSOLETE Designed Using Perform Pro, WHS/DIOR, Jan 98

REMARKS (Attach additional sheets, if necessary, for a full detailed statement.))				
·				
	en			
	IFICATION			
I CERTIFY that the entries made by me above are true, complete, and come	ect to the best of n	ny knowledge and belief and are made in good f aith.		
WITNESSES:				
		(Date Certified)		
	Ву			
	~ <b>,</b>			
	ı	(A. 4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
		(Contractor)		
NOTE: In case of a corporation, a witness is not required but the		Prists 1		
certificate below must be completed. Type or print names under		(Title)		
all signatures.				
		(Address)		
NOTE: Contractor, if a corporation, should cause the following certificate to be executed under its corporate seal, provided that the				
same officer shall not execute both the Agreement and the Certific	cate.			
CEI	RTIFICATE	<u>-</u>		
I,, certify that I am the				
of the corporation named as Contractor herein; that		1000		
who signed this assignment of the first of t				
who signed this certificate on behalf of the Contractor, was then of said corporation; that said certificate was duly signed for and in behalf of said corporation by authority of its governing body, and is within				
the scope of its corporate powers.				
(Corporate Seal)		(Signature and D ate)		